

Please use this to gather information. All data must be submitted online. Thank You.

Dear CVP and COVID Vaccine Providers, Local Health Departments and Pharmacies,

Thank you for your continued efforts in Connecticut's COVID Vaccine roll-out. The Connecticut Department of Public Health (DPH) is engaged in planning efforts to ensure that we are ready to implement future phases of COVID vaccine roll-outs, including the likely event of booster doses as well as COVID vaccines for children under 12.

We are asking all COVID vaccinators in the State of Connecticut to complete this survey to help in our planning efforts. Once you have read this communication, please complete the survey available at the link at the bottom of page.

**Please keep in mind that no official Food and Drug Administration or Advisory Committee on Immunization Practices (ACIP) decision or recommendation has been made to expand the eligible age range or administer booster doses to any population. However, we recognize that both of these events are likely and DPH wants to ensure that our provider network is ready to quickly deliver vaccines to target populations once recommended.**

This survey is comprised of three sections, each focused on a different objective in the State's COVID vaccine efforts this fall:

- **Section 1: Back-to-School COVID-19 Vaccination Planning** This section, which will be specified by blue section headers, will assess your organization's interest in offering on-site back-to-school vaccination clinics in partnership with a school or school district.
- **Section 2: Expanded Age Group Vaccination Planning** This section, which will be specified by orange section headers, will assess your organization's plans for when the ACIP recommends the COVID-19 vaccine for children younger than 12 years of age.
- **Section 3: Booster Dose Vaccination Planning** This section, which will be specified by purple section headers, will assess your organization's potential plans in the likely event that booster doses are recommended. Different booster scenarios are addressed in the survey.

DPH is closely monitoring all updated COVID vaccination guidance and will continue to send timely communications to our providers. The timeline for expanded pediatric indication and boosters is not yet known – but each could occur as soon as September in the most aggressive timelines.

All past communications are available [here](#). If you would like to sign up to receive communications directly, please send an email to [Dph.immunizations@ct.gov](mailto:Dph.immunizations@ct.gov) with the subject line "Subscribe to COVID-19 Program communications". If you have questions, please send them to [dph.immunization@ct.gov](mailto:dph.immunization@ct.gov).

**Please make sure that someone in your organization completes this survey by Thursday, August 12 .**

If you have multiple enrolled provider locations, then please complete a separate survey for each PIN. If you are completing this survey on behalf of more than 5 provider PINs, then please email [natalie.anderson@ct.gov](mailto:natalie.anderson@ct.gov).

Thank You  
CT DPH Immunization Program

## Provider Information

\* 1. Please complete the following:

Name of the person completing the survey	<input type="text"/>
Email address	<input type="text"/>
Phone number	<input type="text"/>

\* 2. Please complete the following regarding your organization\*:

(\*If your organization is part of a federal immunization program, please put 0000 for your PIN number)

Organization/Provider  
Name

PIN Number

### Back-to-School Vaccination Planning

\* 3. Is your organization interested in offering back-to-school COVID-19 vaccination clinics in partnership with a school or school district?

Yes

No

### Back-to-School Vaccination Planning

\* 4. What barriers are preventing your organization from holding back-to-school COVID-19 vaccination clinics? (Please select all the apply)

Lack of equipment

Staff availability

Lack of funding

Staff training

Obtaining parental consent

Other (please specify)

### Back-to-School Vaccination Planning

\* 5. Where is your organization willing to hold back-to-school COVID-19 vaccination clinics? (Select all that apply)

At the school location

At the provider's office

Other (please specify)

### Back-to-School Vaccination Planning

\* 6. How do you intend to obtain consent to vaccinate for COVID-19 vaccination clinics held in partnership with a school or school district?

### Back-to-School Vaccination Planning

\* 7. Will your organization require a parent or legal guardian to be on-site at a COVID-19 vaccination clinic held in partnership with a school or school district?

Yes

No

### Back-to-School Vaccination Planning

\* 8. Is the point of contact within your organization for back-to-school COVID-19 vaccination clinics the same as the person completing this survey?

Yes

No

### Back-to-School Vaccination Planning

\* 9. Please enter the information for the point of contact:

Name

Phone

Email

### Expanded Age Groups Planning (6 months - 11 years)

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of COVID-19 vaccine to children younger than 12 years of age and the information collected from this question will be used only to plan possible scenarios.**

\* 10. Which of the following age groups of children is your organization able and willing to vaccinate? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Under 2 years of age | <input type="checkbox"/> 7 years of age                                     |
| <input type="checkbox"/> 2 years of age       | <input type="checkbox"/> 8 years of age                                     |
| <input type="checkbox"/> 3 years of age       | <input type="checkbox"/> 9 years of age                                     |
| <input type="checkbox"/> 4 years of age       | <input type="checkbox"/> 10 years of age                                    |
| <input type="checkbox"/> 5 years of age       | <input type="checkbox"/> 11 years of age                                    |
| <input type="checkbox"/> 6 years of age       | <input type="checkbox"/> Our organization is not able to vaccinate children |

Expanded Age Groups Planning (6 months - 11 years)

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of COVID-19 vaccine to children younger than 12 years of age and the information collected from this question will be used only to plan possible scenarios.**

\* 11. If the Emergency Use Authorization expands to children under 12 years of age, what barriers would prevent your organization from vaccinating children under 12 years of age? (Please select all the apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Willingness to vaccinate this population   | <input type="checkbox"/> Consent process                    |
| <input type="checkbox"/> Staff availability   | <input type="checkbox"/> Parental hesitation                |
| <input type="checkbox"/> Staff training   | <input type="checkbox"/> Providing patient/parent education |
| <input type="checkbox"/> Physical space at the clinic locations (i.e., social distancing, observation period) |   |
| <input type="checkbox"/> Other (please specify)   |   |

Expanded Age Groups Planning (6 months - 11 years)

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of COVID-19 vaccine to children younger than 12 years of age and the information collected from this question will be used only to plan possible scenarios.**

\* 12. Is your organization willing to vaccinate children who are not current patients of your clinic or practice?

- Yes  
 No

Expanded Age Groups Planning (6 months - 11 years)

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of COVID-19 vaccine to children younger than 12 years of age and the information collected from this question will be used only to plan possible scenarios.**

\* 13. What type of dedicated clinics would your organization be willing to hold for COVID-19 vaccination in children? (Please select all the apply)

- |   |   |
|---|---|
| <input type="checkbox"/> No dedicated clinics/business as usual                 | <input type="checkbox"/> Bundled vaccination clinics (COVID-19 + any other vaccines that are due)           |
| <input type="checkbox"/> Vaccine-only appointments within normal practice hours | <input type="checkbox"/> Bundled Influenza and COVID-19 clinics only  |
| <input type="checkbox"/> Weekend clinics  | <input type="checkbox"/> Community-based clinics (i.e., host a clinic off-site, partner with a stakeholder) |
| <input type="checkbox"/> Dedicated COVID-19 clinic days                         | <input type="checkbox"/> Clinic in partnership with Local Health Department/District                        |
| <input type="checkbox"/> After-hour clinics                                     |   |
| <input type="checkbox"/> Other (please specify)                                 |   |

#### Expanded Age Groups Planning (6 months - 11 years)

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of COVID-19 vaccine to children younger than 12 years of age and the information collected from this question will be used only to plan possible scenarios.**

\* 14. What potential challenges could your organization face in providing vaccines to children under 12 years of age, **IF** the Emergency Use Authorization expands to include them in the future? (Please select all the apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Staff availability   | <input type="checkbox"/> Parental hesitation                |
| <input type="checkbox"/> Staff training   | <input type="checkbox"/> Providing patient/parent education |
| <input type="checkbox"/> Physical space at the clinic locations (i.e., social distancing, observation period) | <input type="checkbox"/> I do not foresee any challenges    |
| <input type="checkbox"/> Consent process  |   |
| <input type="checkbox"/> Other (please specify)   |   |

#### Expanded Age Groups Planning (6 months - 11 years)

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of COVID-19 vaccine to children younger than 12 years of age and the information collected from this question will be used only to plan possible scenarios.**

\* 15. What strategies will you use to reach this population?

- |   |  |
|---|--|
| <input type="checkbox"/> Social media posts   | <input type="checkbox"/> One-on-one consultations  |
| <input type="checkbox"/> Direct outreach to patients/parents (via email, mail, phone) | <input type="checkbox"/> Updating your <a href="#">Connecticut Vaccine Finder Profile</a> (or emailing <a href="mailto:caroline.hou@ct.gov">caroline.hou@ct.gov</a> to set one up) |
| <input type="checkbox"/> Local advertising  | <input type="checkbox"/> Parent or influencer postings   |
| <input type="checkbox"/> Other (please specify)                                       |  |

### Clinic Throughput - Children

\* 16. How many doses do you estimate your clinic could administer to children in a day? (Please estimate conservatively)

- |  |                               |
|--|-------------------------------|
| <input type="radio"/> 1-19                   | <input type="radio"/> 250-299 |
| <input type="radio"/> 20-39                  | <input type="radio"/> 300-399 |
| <input type="radio"/> 40-59                  | <input type="radio"/> 400-499 |
| <input type="radio"/> 60-79                  | <input type="radio"/> 500-599 |
| <input type="radio"/> 80-99                  | <input type="radio"/> 600-699 |
| <input type="radio"/> 100-149                | <input type="radio"/> 700-799 |
| <input type="radio"/> 150-199                | <input type="radio"/> 800-899 |
| <input type="radio"/> 200-249                | <input type="radio"/> 900-999 |
| <input type="radio"/> 1000+ (please specify) |                               |

### Booster Dose Administration Planning

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of booster doses of COVID-19 vaccine and the information collected from this question will be used only to plan possible scenarios.**

\* 17. Which of the following populations would your organization be able to vaccinate with booster doses IF they are approved in the future? (Please select all the apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Immunocompromised patients only | <input type="checkbox"/> Any person for whom boosters are recommended               |
| <input type="checkbox"/> 65+ patients                    | <input type="checkbox"/> Our organization does not wish to administer booster doses |
| <input type="checkbox"/> J&J recipients                  |   |

## Booster Dose Administration Planning

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of booster doses of COVID-19 vaccine and the information collected from this question will be used only to plan possible scenarios.**

\* 18. If the Emergency Use Authorization expands to include booster doses for certain populations, what barriers would prevent your organization from providing booster doses? (Please select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Identification of patient population (based on categories identified by ACIP) | <input type="checkbox"/> Staff training  |
| <input type="checkbox"/> Verification of COVID-19 immunization history                                 | <input type="checkbox"/> Physical space at the clinic location (i.e., social distancing, observation period) |
| <input type="checkbox"/> Staff availability  | <input type="checkbox"/> Consent process   |
| <input type="checkbox"/> Other (please specify)  |  |

## Booster Dose Administration Planning

**This question is for planning purposes only. There is currently no authorization or guidance on the administration of booster doses of COVID-19 vaccine and the information collected from this question will be used only to plan possible scenarios.**

\* 19. What potential challenges might your organization face in offering booster doses of COVID-19 vaccine, **IF** the Emergency Use Authorization expands to include them in the future?

- |  |  |
|--|--|
| <input type="checkbox"/> Identification of patient population (based on categories identified by ACIP) | <input type="checkbox"/> Physical space at clinic location (i.e., social distancing, observation period) |
| <input type="checkbox"/> Verification of COVID-19 immunization history                                 | <input type="checkbox"/> Consent process   |
| <input type="checkbox"/> Staff availability  | <input type="checkbox"/> I do not foresee any challenges   |
| <input type="checkbox"/> Staff training  |  |
| <input type="checkbox"/> Other (please specify)  |  |

## Clinic Throughput - Possible Boosters

\* 20. How many booster doses do you estimate your clinic could administer in a day for future clinics? (Please estimate conservatively)

- |  |                               |
|--|-------------------------------|
| <input type="radio"/> 1-19                   | <input type="radio"/> 250-299 |
| <input type="radio"/> 20-39                  | <input type="radio"/> 300-399 |
| <input type="radio"/> 40-59                  | <input type="radio"/> 400-499 |
| <input type="radio"/> 60-79                  | <input type="radio"/> 500-599 |
| <input type="radio"/> 80-99                  | <input type="radio"/> 600-699 |
| <input type="radio"/> 100-149                | <input type="radio"/> 700-799 |
| <input type="radio"/> 150-199                | <input type="radio"/> 800-899 |
| <input type="radio"/> 200-249                | <input type="radio"/> 900-999 |
| <input type="radio"/> 1000+ (please specify) |                               |

**Comments/Suggestions**

21. Do you have any additional feedback or comments for DPH as they relate either to your current immunization activities or your plans for boosters or children?

**Thank you for completing the survey. If you have any questions, please contact us via email at [dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov).**